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Rhapsody

IN HEALTH

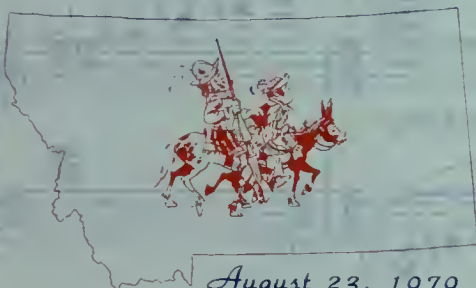
OPUS NO. 3

THE THIRD YEAR

COMPOSED BY

MONTANA

HEALTH SYSTEMS AGENCY



August 23, 1979

Montana State Library



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PRELUDE TO AN ANNUAL REPORT

Last year, the second year of conditional designation, our annual report was entitled "The Two Year Old." Incorporated in that report were:

The Background Public Law 93-641

The Findings of Congress

Communications

Purposes

Functions

Coordination

Health Systems Plan

Annual Implementation Plan

Plan Implementation/Review

Appropriateness

Plan Implementation

Data Management

Indian Tribes

Accountability

The Volunteers

"The Two Year Old" is our primer, a basic educational tool. We shall continue to use it in the future, but for now it's graduation time for the Montana Health Systems Agency. In the beginning of our third year we had accomplished our full designation. It was time for a new theme

1979 OVERTURE TO HEALTH

Opus 3, the THIRD YEAR

-- A new composition with many voices, louder, clearer voices -- many themes, some simple, some complex -- more participants -- more sections in the systems -- improved orchestration, sometimes harmonious, oftentimes cacophonous, and intermittently a tintinnabulation of soft counterpoint as the various forces weave their ways rhythmically and arrhythmically through the maze of procedures, policies and regulations.

With all the diversity of the participants, the complexity of the law, the proliferation of the amendments, the profusion of the regulations, the paucity of the guidance, the magnitude of the libretto, it should have been predestined that the National Health Planning and Resources Development Act be set to music. Music, the international language. Everybody can understand it. It's touted to be the soul of the universe, and to solve our health problems a moving spirit and an underlying, yet overriding conscience is sorely needed.

Supposing we had pursued our first health systems plan via musical score, a symphony orchestra with nurses in the string section, physicians in the brass, hospital and nursing home administrators in the percussion, other health providers in the woodwinds and consumers in the chorus. And the poor composer? Showered by a multitude of themes, all with one basic chant --

The image shows a handwritten musical score on four staves. Each staff begins with a treble clef and a key signature of one flat (B-flat). The first staff has a 4/4 time signature. The lyrics are written below the notes. The first staff's lyrics are "IT'S GOT-TA BE A-VAI-LABLE GOT-TA BE ACCESSIBLE". The second staff's lyrics are "GOT-TA BE ACCEPTABLE Low Cost Low Cost". The third staff's lyrics are "YOU MUST IM-PROVE THE QUALITY HEIGHTEN CONTINUITY". The fourth staff's lyrics are "LESSEN SUPERFLUITY Low Cost Low Cost". The music is written in a simple, hand-drawn style with various note values and rests.

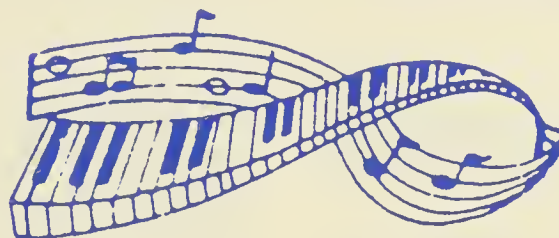
IT'S GOT-TA BE A-VAI-LABLE GOT-TA BE ACCESSIBLE

GOT-TA BE ACCEPTABLE Low Cost Low Cost

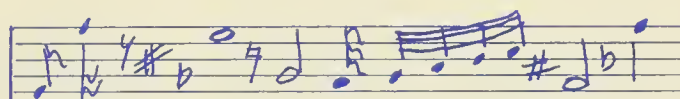
YOU MUST IM-PROVE THE QUALITY HEIGHTEN CONTINUITY

LESSEN SUPERFLUITY Low Cost Low Cost

The paucity of guidance would have left the poor composer with his guidelines looking like



his criteria a shambles



his “quantitative” a mere speculation 3/4 12/8 4/4 6/8 2/4 ?/5 7/?

his “time specific” an uncertainty

1st theme (component) - ?

measures (datelines) - ?

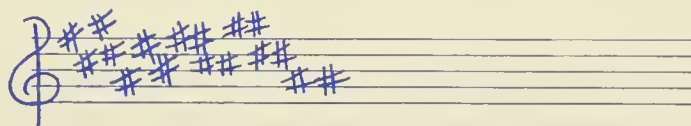
2nd theme (component) - ?

measures (datelines) - ?

his searching for a key -- a horrendous problem -- what about the key?

Since we must be very sharp in this commitment, why not the key of B sharp (B[#])?

The obvious is also the paradox - B[#] is the most complex of the keys



These trail signs alone would bring instant paralysis to even the most accomplished performer.

In such an instance we dare not D spare, we must B natural, reduce all to the lowest common denominator, to the community, to the local circumstances, to the citizen.

Having done that, to all extent possible, we may exclaim EUREKA! The amazing discovery --that very complicated key of B[#] is the same as the uncomplicated, most basic key, C. C for completely natural, C for confidence, C for constant, coping, continuity, cooperation, consonant, canonical, catalyst, clairvoyance, concentration, conceptual, concurrence, constructive, corrigible, credibility, and C for community.

This is not an attempt at frivolity. There have been those many moments in the past three years when the barrage of opinions and statements, oftentimes diametrically opposed, appeared to be answerable only by some musical utterance. Opinions and statements such as:

New hospital services, or technologies, have been increasing at an annual rate ranging between four and seven percent.

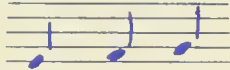
Prior efforts at all levels to contain technological expansion, and, therefore, costs have been impaired because they were based on guesswork.

Problems of the health care system include maldistribution of health care personnel and resources, lack of adequate health care insurance coverage for a large part of the American population, and proliferation of "inappropriate and underused," but highly sophisticated technology.

The dilemma is the conflict of moderating costs and the consuming interest of society in making widely available the most sophisticated technology that medicine can offer. Government is the major force pushing in these opposite directions.

New technologies save rather than cost more money. If we limit the availability of technically advanced medical modalities the effect will be to encourage more labor-intensive procedures, and total health care costs will actually increase.

Having made its findings during the drafting of Public Law 93-641, the Congress put forth three major points for Health Systems Agencies (HSAs), the "A, B, Cs," purposes, functions, and coordinative requirements, or, musically speaking, the first steps, the "E, F, Gs,"



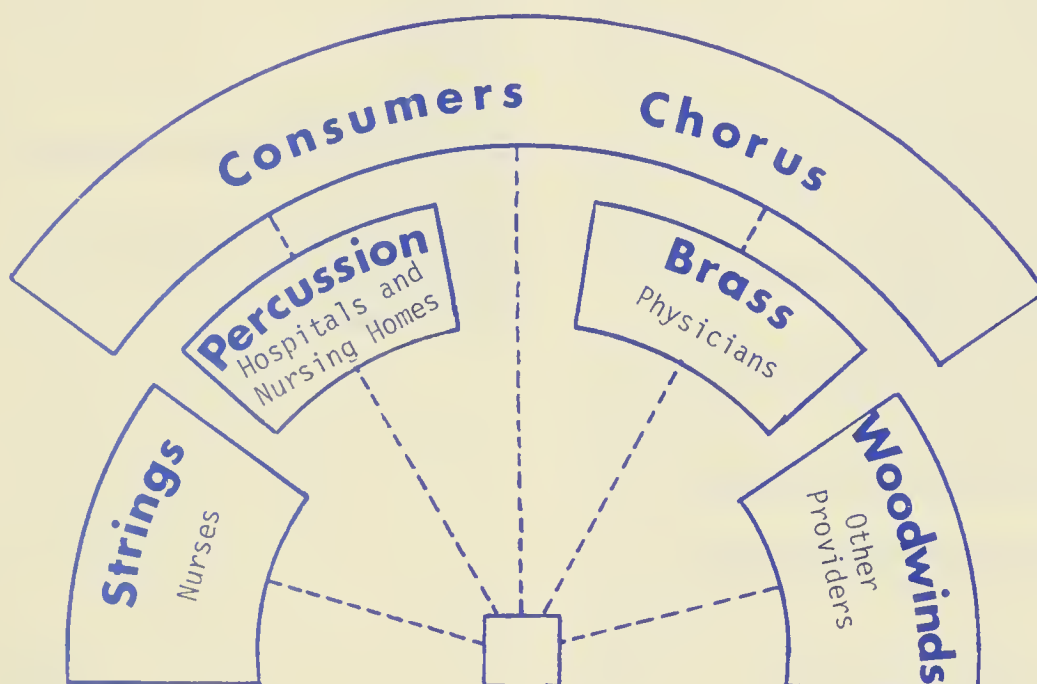
Three small steps (notes) in a very complex undertaking within the framework of an extremely complicated law, further entangled by the intricacies of a single HSA state like Montana. Like handing three small notes to a composer with the demand for a three movement symphony.

Montana, with all of her 148,000 square miles, her 764,000 inhabitants, her amazing but often threatening splendors, her breathtaking barriers, her inviting corridors of nature, her frightening storms, her tranquilities, her potentials, her needs, her demands, her values, her judgments. Collectively, they assume a momentum all their own, they establish a basic rhythm. You can almost hear the Rhapsody. In a very simple style, the opus will be developed in parallel with this annual report.

Before the reporting and the composing, let's meet the two hundred and fifteen active performers, take a look at all of the reviews we've conducted this year and our financial report.

Our Montana Health Systems Agency performers (providers and consumers) make up the following sections of orchestrators:

GOVERNING BOARD



GOVERNING BOARD

(by section)

NAMES	REPRESENTING
Consumers	
Robert Bell, D.V.M.	Eastern
Gloria Heggen	Eastern
Ada Weeding	Eastern
Ray Amundson	North Central
Al Klingler	North Central
Mary Ellen Robinson	North Central
John Manley	South Central
Edward Morse	South Central
Barbara Schilling	South Central
Jane Anderson	Southwest
Margaret Drummond	Southwest
Bob Marks	Southwest
Jack B. Dodd	Northwest
Clyde Dowell	Northwest
Evelyn Johnson	Northwest
John Allen	Governor's Pleasure
Charles Fisher	Montana United Indian Association
Walter Foster	Low Income
Robert Jorgenson	Elected Official
John L. Mitchell	Billings Area Indian Health Board
Kathleen Ramey	Elected Official
Verneva Salisbury	Senior Citizens
Hospital Administrators	
Gary Fletcher	
Vern Reed	
Sister Mary Clarice Lousberg	
Nursing Home Administrators	
Kent Ferguson	
Physicians	
Vincent Amicucci, M.D.	
Guy C. Glenn, M.D.	
C.G. Pat McCarthy, M.D.	
David Wilkins, M.D.	
Malcolm Winter, M.D.	
Nurses	
Sharon Dieziger	Montana Nurses Association
Mary Alice Rehbein	League for Nursing
Other Health Providers	
John Bunger	Veteran's Administration
Phil Catalfomo	Professional Schools
Gary Dols	Chiropractor
Michael Donovan	Blue Shield
Bryce Hughett, M.D.	Mental Health
Al Kautz	Optometrist
Neil Livingston, D.D.S.	Dentist
Leon C. Odeggaard	Pharmacist
Jan Trembl	Home Health
Gary Watt	Allied Health

GOVERNING BOARD

Name	Last Year of Term	Name	Last Year of Term
John Allen 1140 Vallejo Helena, MT 59601 449-3420/458-9743 Gov's Rep., Consumer, SW, Area 4	Governor's Pleasure	Michael Donovan Montana Physicians Service 404 Fuller Avenue Helena, MT 59601 442-5450 Blue Shield, Provider, SW, Area 4	1979
Vincent Amicucci, M.D. 2225 11th Avenue Helena, MT 59601 442-4315/933-5527 Physician, Provider, SW, Area 4	1980	Clyde Dowell P.O. Box 435 Eureka, MT 59917 296-2775 Consumer, NW, Area 5	1981
Ray Amundson 1827 Beech Drive Great Falls, MT 59401 761-3150 Consumer, NC, Area 2	1979	Margaret Drummond 515 North Tenth Bozeman, MT 59715 586-9165 Consumer, SW, Area 4	1979
Jane Anderson P.O. Box 608 Anaconda, MT 59711 563-3110 Consumer, SW, Area 4	1981	Kent Ferguson, Administrator Hot Springs Convalescent Center Drawer U Hot Springs, MT 59845 741-2992 Nursing Home Assoc., Provider, NW, Area 5	1980
Robert Bell, D.V.M. 515 Broadway Culbertson, MT 59218 787-6682 Consumer, E, Area 1	1981	Charles Fisher Montana United Indian Association P.O. Box 26 Babb, MT 59411 732-4031 MT United Indian Assoc., Consumer, NC, Area 2	1981
John Bunger, Director V.A. Center Fort Harrison, MT 59636 442-6410 VA Rep., Provider, SW, Area 4	Director's Pleasure	Gary Fletcher, Administrator Central Montana Hospital 408 Wendell Lewistown, MT 59457 538-7711 Hosp. Admin., Provider, SC, Area 3	1980
Phil Catalfomo 33 Willowbrook Lane Missoula, MT 59801 728-5411/243-4621 Professional Schools, Provider, NW, Area 5	1980	Walter Foster P.O. Box 2532 Great Falls, MT 59401 761-0310 Low Income, Consumer, NC, Area 2	1981
Sharon Dieziger 3604 Fifth Avenue South Great Falls, MT 59401 761-1200 ext. 2330/453-1525 MT Nurses Assoc., Provider, NC, Area 2	1979	Guy C. Glenn, M.D. P.O. Box 2505 Billings, MT 59103 656-0769/657-7148 Physician, Provider, SC, Area 3	1980
Jack B. Dodd P.O. Box 816 Whitefish, MT 59937 862-2819 Consumer, NW, Area 5	1979	Gloria Heggen P.O. Box 457 Ekalaka, MT 59324 775-6259 Consumer, E, Area 1	1980
Gary Dols 1120 Broadwater Avenue Billings, MT 59101 259-1757/252-3275 Chiropractor, Provider, SC, Area 3	1979		

GOVERNING BOARD (cont.)

Name	Last Year of Term	Name	Last Year of Term
Bryce Hughett, M.D. Mental Health Center 1245 North 29th Billings, MT 59101 252-5658/248-6001 Mental Health, Provider, SC, Area 3	1979	Edward Morse Denton, MT 59430 567-2304 Consumer, SC, Area 3	1981
Evelyn Johnson 430 South Fifth Street West Missoula, MT 59801 543-6737 Consumer, NW, Area 5	1980	Leon C. Odegaard Route 5, Yellowstone Trail Road Billings, MT 59101 259-2390 Pharmacist, Provider, SC, Area 3	1979
Robert Jorgenson 1108 Second Street West Roundup, MT 59072 323-1104 Elected Official, Consumer, SC, Area 3	1981	Kathleen Ramey 1511½ Railroad Avenue Helena, MT 59601 442-9920-442-2817 Elected Official, Consumer, SW, Area 4	1980
Al Kautz 1212 Grand Avenue Billings, MT 59101 248-1676 Optometrist, Provider, SC, Area 3	1979	Vern Reed, Administrator Richland Homes & Sidney Community Hosp. P.O. Box 671 Sidney, MT 59270 482-2120 Hosp. Admin., Provider, E, Area 1	1981
Al Klingler P.O. Box 488 Shelby, MT 59474 434-2692/434-2252 Consumer, NC, Area 2	1980	Mary Alice Rehbein Richland County Public Health 221 Fifth Street SW Sidney, MT 59270 482-2207 League for Nursing, Provider, E, Area 1	1980
Neil Livingstone, D.D.S. 820 North Montana Avenue Helena, MT 59601 442-7530 Dentist, Provider, SW, Area 4	1981	Mary Ellen Robinson Highwood, MT 59450 733-5161 Consumer, NC, Area 2	1981
John Manley P.O. Box 2539 Billings, MT 59103 252-7146/656-5825 Consumer, SC, Area 3	1979	Verneva Salisbury Floweree, MT 59440 734-5383 Senior Citizens, Consumer, NC, Area 2	1981
Bob Marks P.O. Box 116 Clancy, MT 59634 933-5589 Consumer, SW, Area 4	1980	Barbara Schilling P.O. Box 26 McLeod, MT 59052 932-2805/932-2396 Consumer, SC, Area 3	1980
C.G. Pat McCarthy, M.D. 501 West Broadway Missoula, MT 59801 543-6831/721-5600 Physician, Provider, NW, Area 5	1981	Sister Mary Clarice Lousberg, Adm. St. James Community Hospital 400 South Clark Street Butte, MT 59701 792-8361 Hosp. Admin., Provider, SW, Area 4	1979
John L. Mitchell Rocky Boy Route Box Elder, MT 59521 no number Billings Area Indian Health Board, Consumer, NC, Area 2	1980	Jan Trembl 620 Alderson Avenue Billings, MT 59101 252-5181 ext. 221 Home Health, Provider, SC, Area 3	1980

GOVERNING BOARD (cont.)

Name	Last Year of Term	Name	Last Year of Term
Gary Watt 1515 Missoula Avenue Helena, MT 59601 449-2501/443-4753 Environmental, Allied Health Provider, SW, Area 4	1979	David Wilkins, M.D. Route 36, Box 85-C Havre, MT 59501 265-7955 Physician, Provider, NC, Area 2	1981
Ada Weeding Jordan, MT 59337 557-2557 Consumer, E, Area 1	1982	Malcolm Winter, M.D. 1817 Bridge Miles City, MT 59301 232-0790/232-4847 Physician, Provider, E, Area 1	1979

Chairman - Bryce Hughett, M.D.
Vice-Chairman - Sharon Diezger
Secretary-Treasurer - Jack B. Dodd

By Public Law 93-641 this Governing Board is constituted strictly as to its membership and its responsibilities. Included in those responsibilities are: The internal affairs of the agency, the establishment of a health systems plan and annual implementation plan, the approval of grants and contracts from the Area Health Services Development Fund, the approval of all actions taken pursuant to subsections (e), (f), (g), and (h) of section 1513, the issuance of an annual report, the reimbursement of its members for reasonable costs in attending its meetings, meet at least once in each calendar quarter of the year, and conduct those meetings in public giving adequate notice to the public and make its records and data available, upon request, to the public.

This group of orchestrators (policy makers) is all volunteer. The meeting time requirements are arduous and preparation requirements are extensive and intensive in order to accomplish the broad-based understanding required for sound decision making. Then, too, the Board spawns a number of ensembles (committees, subarea advisory councils, task forces) which are very demanding in both meeting and preparation times. It is here, in these ensembles, that the Board's themes are developed and returned to the Board for its recapitulation, consideration and adoption. These ensembles put the body on the framework, the meat on the skeleton, the proof in the pudding, the harmony to the melody.

ENSEMBLE (Committee) MAKEUP FOR THE YEAR 1979

EXECUTIVE COMMITTEE

Statewide Health Coordinating Council

Bryce Hughett, M.D., First Chair

John Allen

John Bunger

Jack B. Dodd

Kent Ferguson

Kathleen Ramey

Vincent Amicucci, M.D.

Phil Catalfomo

Clyde Dowell

Charles Fisher

C.G. Pat McCarthy, M.D.

Vern Reed

Robert Bell, D.V.M.

Sharon Dieziger

Margaret Drummond

Gloria Heggen

Edward Morse

Mary Ellen Robinson

The Executive Committee performs all those functions delegated to it by the Governing Board, including interim actions between Board meetings.

PLAN DEVELOPMENT COMMITTEE

Phil Catalfomo, First Chair

John Allen

Sharon Dieziger

Michael Donovan

Clyde Dowell

Walter Foster

Guy Glenn, M.D.

Gloria Heggen

Sister Mary Clarice Lousberg

John Manley

Mary Ellen Robinson

APPROPRIATENESS REVIEW COMMITTEE

Ray Amundson, First Chair

Jack B. Dodd

Kent Ferguson

Gary Fletcher

Evelyn Johnson

Edward Morse

Barbara Schilling

Jan Trembl

Gary Watt

Ada Weeding

Malcolm Winter, M.D.

BY-LAWS COMMITTEE

Gary Dols, First Chair

Margaret Drummond

Charles Fisher

Al Klingler

INTERNAL MANAGEMENT COMMITTEE

John Bunger, First Chair

Vincent Amicucci, M.D.

Robert Marks

Kathleen Ramey

Gary Watt

SUBAREA ADVISORY COMMITTEE

Leo Black, First Chair

Dick Atkins

Robert Bell

Jack B. Dodd

Al Klingler

Betty Mitchell

Karen Sloan

THE ARRANGERS (STAFF)

The Executive Director
Ralph Gildroy

Director, Health Plan Development
Robert Liffing

Director, Health Plan Implementation
Bert Glueckert

Assistant
Howard Kennedy

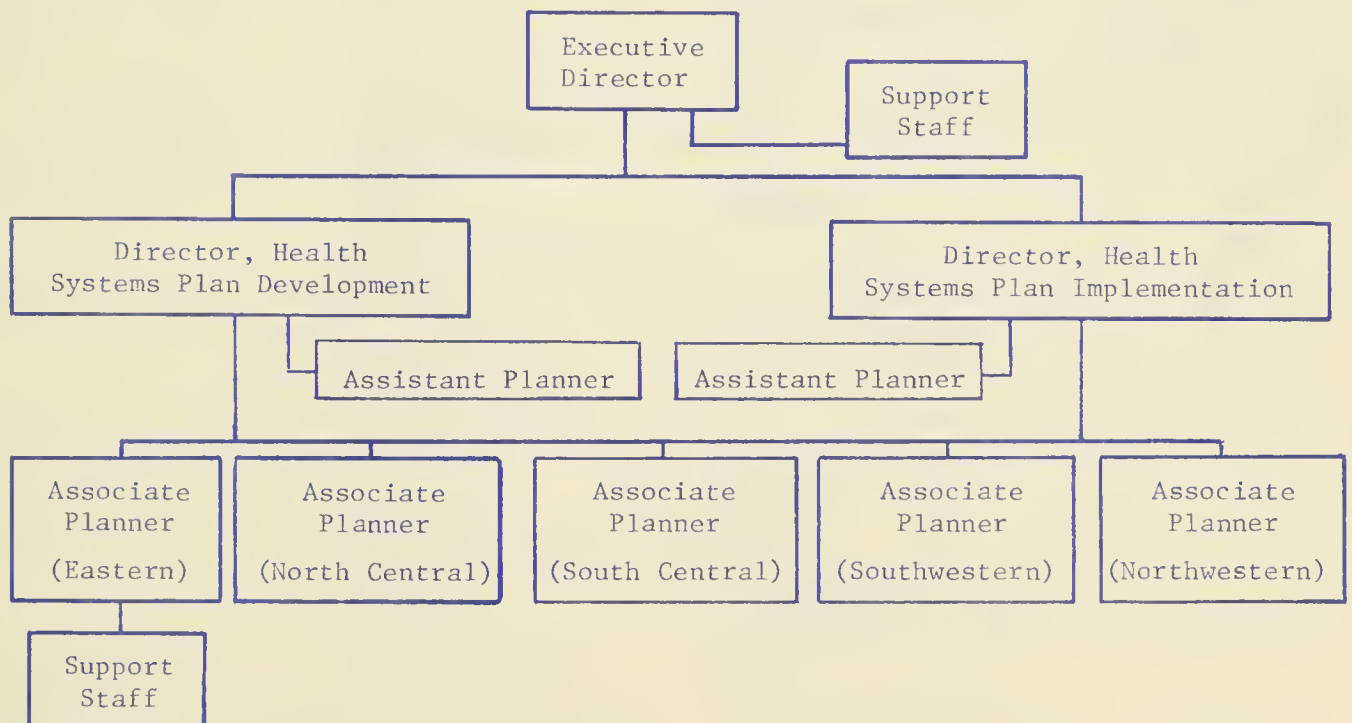
Assistant
Michael Welsh

Associate Planners (Subarea Professional Staff)

Vearle Addy	- Northwestern
Gregg Davis	- South Central
Barbara Kirscher	- Eastern
Bernard Madura	- North Central
Dan Yazak	- Southwestern

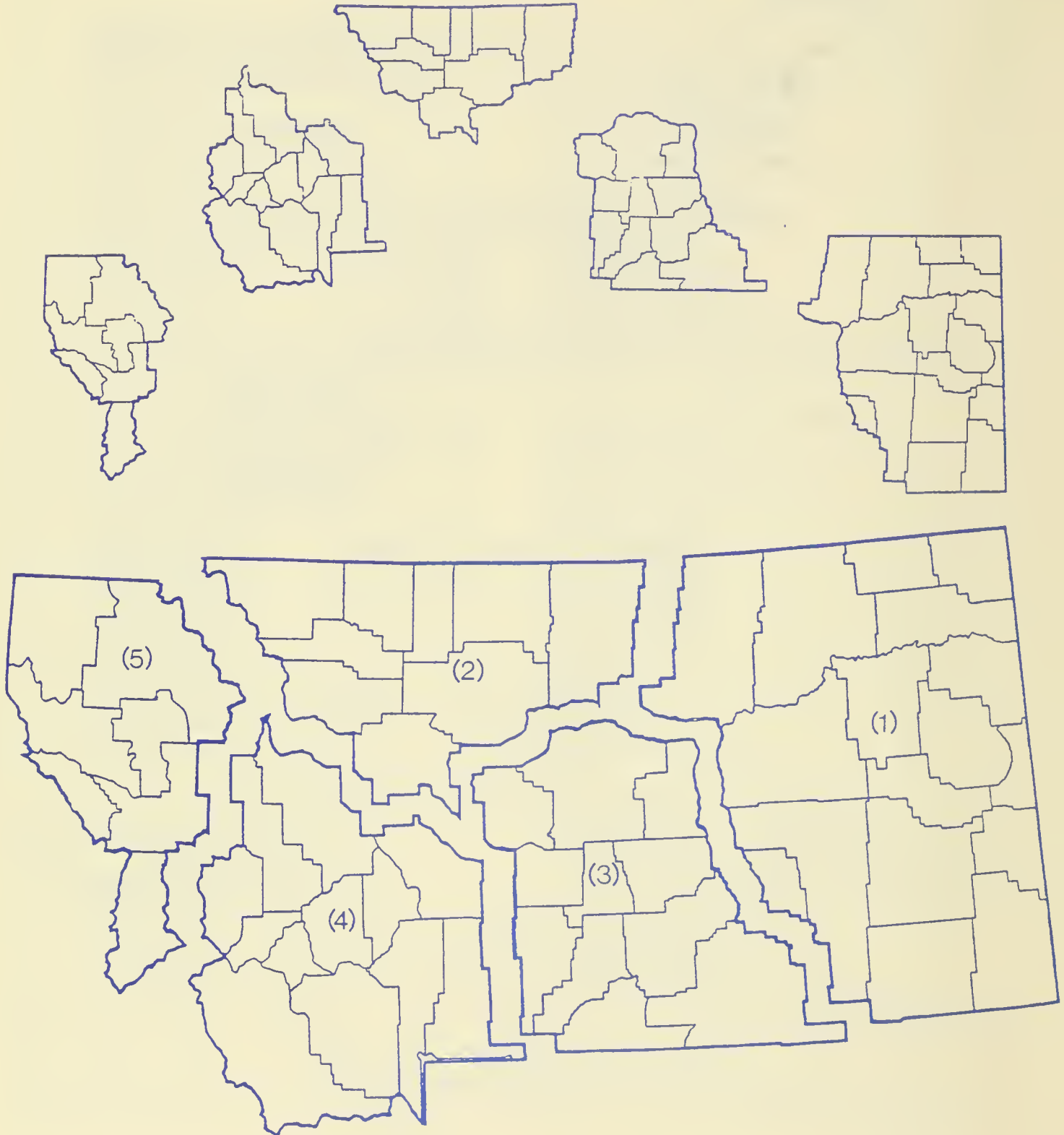
Support Staff
Gerri Reeves
Sharon Workman
Patricia Garvin
Myrna Reed

ORGANIZATIONAL CHART



THE PATRONS

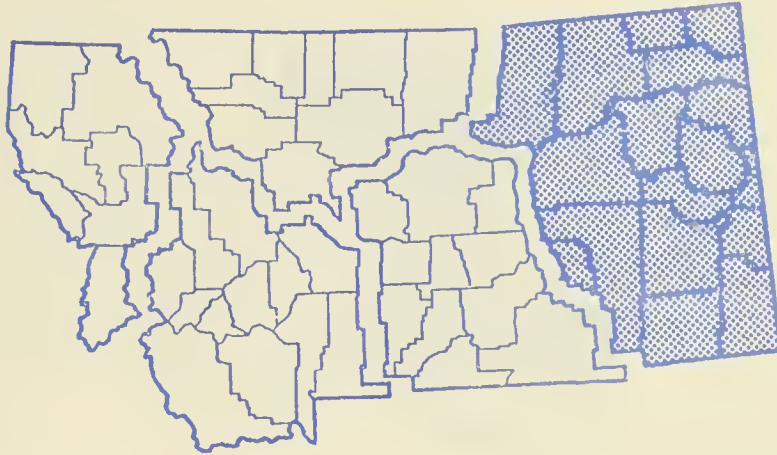
(Subarea Advisory Councils)



- (1) EASTERN (2) NORTH CENTRAL
(3) SOUTH CENTRAL (4) SOUTHWESTERN
(5) NORTHWESTERN

EASTERN MONTANA

Subarea Advisory Council Members



CONSUMERS

Bertha Baxter
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436-2576

Vi Irion
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356-7551

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Charles Parke, D.O.
Garberson Clinic
Miles City, MT 59301
232-0790

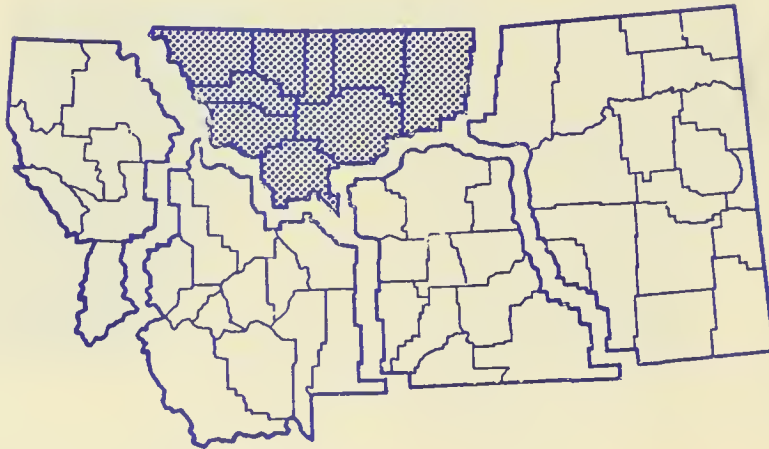
Avis Peterson
113 10th Avenue SW
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Wilson Schuerholz
Director, V.A. Hospital
210 So. Winchester
Miles City, MT 59301
232-3060

Carl Totman, O.D.
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Malta, MT 59538
654-1002

NORTH CENTRAL MONTANA

Subarea Advisory Council Members



CONSUMERS

Rev. Paul Cousins
113 Fourth Avenue SW
Conrad, MT 59425
278-5370-H/278-3043-O

Larry Epstein
114 Fifth Street SW
Cut Bank, MT 59427
873-5642-H/873-2277-O

Ella Mae Howard
1904 Fourth Street NW
Great Falls, MT 59405
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PROVIDERS

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James M. Holcomb
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Gary Myllymaki
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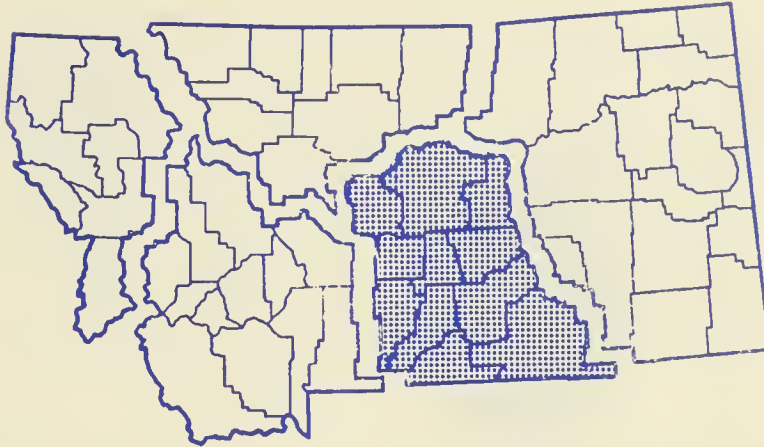
Robert F. Morgan, M.D.
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761-3052-H/761-2200-O

Ms. Karen S. Sloan
216 Ninth Street
Havre, MT 59501
265-6091-H/265-2211-O

SOUTH CENTRAL MONTANA

Subarea Advisory Council Members



CONSUMERS

Margaret Eklund
Ryegate, MT 59074
568-2510

Bob Evertz
Joliet, MT 59041
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Pat Lengemann
Winnett, MT 59087
429-5211

Grace Leuthold
Molt, MT 59057
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Betty Mitchell
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Edward Morse
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Judith Gap, MT 59453
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Jackie Redding
Big Horn, MT 59010
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Betty Stockert
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PROVIDERS

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408 Wendell Avenue
Lewistown, MT 59457
538-7711

Jean Gowdy
Pryor Star Route
Billings, MT 59101
259-0495

Jan Johnson
Midland National Bank Bldg.,
Rm. 404
Billings, MT 59101
657-4270

Steve Kramer, M.D.
P.O. Box 2555
Billings, MT 59101
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Hollis K. LeFever, M.D.
119 East Main
Lewistown, MT 59457
538-3404

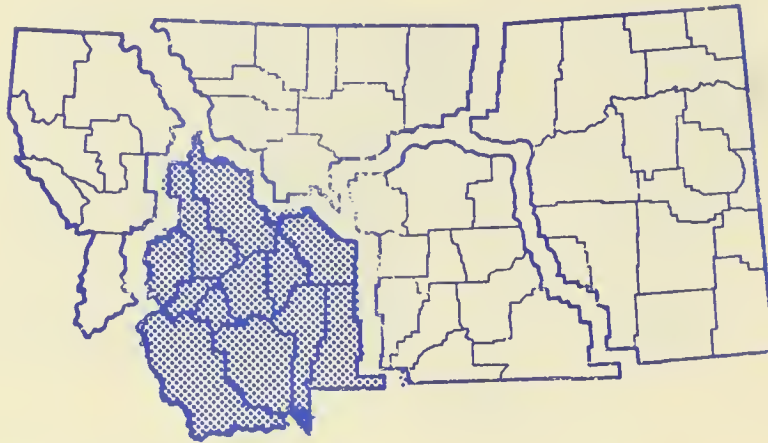
Sister Michel Patenburg, Admin.
St. Vincent Hospital
P.O. Box 2505
Billings, MT 59103
657-7000

Mark Robinson, Admin.
Stillwater Convalescent Center
350 West Pike Avenue
Columbus, MT 59019
322-5342

Janice Trembl
620 Alderson Avenue
Billings, MT 59101
252-5151 ext. 221

SOUTHWESTERN MONTANA

Subarea Advisory Council Members



CONSUMERS

Leo Black
Ennis, MT 59729
682-4467

Les Brooks
90 N. Hoffman
Belgrade, MT 59714
388-4076/994-4421

Judy Doggett
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Townsend, MT 59644
266-5209

Dee Ann Durgan
Hoffman Route
Livingston, MT 59047
222-0338

Virginia Gehrett
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Deer Lodge, MT 59722
846-2424

Gerry Halstead
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Anaconda, MT 59711
563-7619/563-3110

Lucile Logan
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White Sulphur Springs, MT 59645
547-3951

Robert L. Marks
Box 116
Clancy, MT 59634
933-5589

Dolly Page
Phillipsburg, MT 59858
859-3516

Henry Stish
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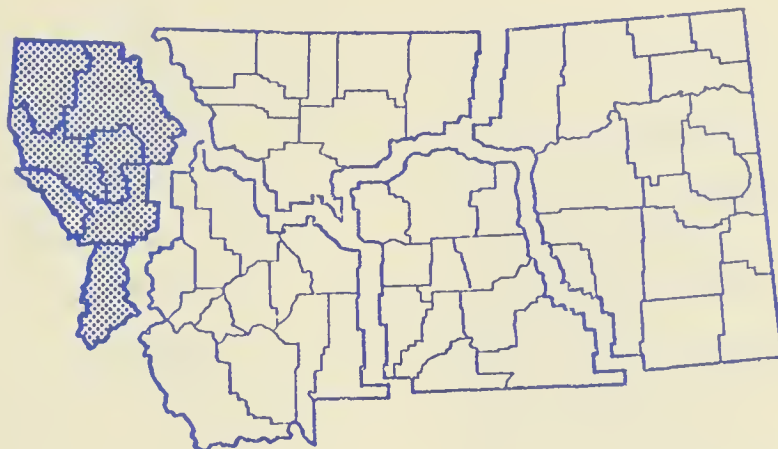
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Ella Mae Howard	Larry Van Nostrand
Vincent Huntington	Peggy Weedman
Jan Johnson	Richard Westbrook, M.D.
Harry Knowlton	Grant Winn
S.L. Lahren	

A-95 PROJECTS
August 1978 through August 1979

Facility and Project Title	Action Taken	Amount	Facility and Project Title	Action Taken	Amount
Western Montana Regional Community Mental Health Center, Missoula Conversion Grant	Approval Comment	\$242,000.	Five Valleys District Council, Missoula RHI for Missoula, Mineral and Ravalli Counties	Approval Comment	167,000.
Washington State Diagnostic, Counseling and Referral Services for Genetic Disease	No Comment	- 0 -	Missoula General Hospital, Missoula Women's Alcohol Treatment and Rehabilitation Services	Approval Comment	250,068.
Montana Department of Health & Environmental Sciences, Solid Waste Management Bureau, Helena Montana Solid Waste Management, Energy Conservation and Resource Recovery Grant	No Comment	142,100.	Montana Department of Health & Environmental Sciences, Maternal and Child Health Bureau, Helena Improved Pregnancy Outcome Project	Approval Comment	400,000
*Northern Cheyenne Board of Health, Lame Deer Home Health Agency Services	Approval Comment	190,285.	Southcentral Montana Regional Community Mental Health Center, Billings Federal Distress Grant	Approval Comment	140,000.
Yellowstone City-County Health Department, Billings Migrant Health Services Continuation Grant	Approval Comment	100,000	Southcentral Montana Regional Community Mental Health Center, Billings Children's Continuation Staffing	Approval Comment	217,795.
Big Horn County Health Corporation, Hardin RHI Planning Grant	Approval Comment	25,000.	Southwest Montana Mental Health Center, Helena Southwest Montana Mental Health Center Community Mental Health Center	Approval Comment	204,371.
Montana District Six Council RHI, Roundup Second Year Continuation Application	Approval Comment	129,137.	Teton County Medical Center, Choteau HURA Continuation Application	Approval Comment	91,000.
Montana Department of Health & Environmental Sciences, Family Planning Services, Helena Statewide Family Planning Services	Approval Comment	1,800,850.	Montana United Indian Association, Helena Research and Demonstration Grant for WICONI Family Planning	Non-reviewable	91,713.
Eastern Montana Community Mental Health Center, Miles City Fourth Year Renewal Distress Grant	Approval Comment	157,474.	Southcentral Montana Regional Community Mental Health Center, Billings Volunteer Case Management Model in a Community Mental Health Center	No Comment	46,424.
Western Montana Regional Community Mental Health Center, Missoula Financial Distress Grant	Approval Comment	160,423.	Montana Department of Social and Rehabilitation Services, Helena Comprehensive Screening and Evaluation for Children - A Demonstration Project	Approval Comment	200,000.
Southwest Montana Mental Health Center, Helena Continuation Staffing	Approval Comment	127,065.	Family Training Center, Inc., Glasgow Air Force Base Dental Component of Rural Health Education and Maintenance	Approval Comment	200,000.
Southcentral Montana Regional Community Mental Health Center, Billings Alcohol Services for Women and Poverty Populations	Approval Comment	153,770.	Colorado Department of Health, Denver Five-State Genetic Disease Testing, Counseling and Education Program	Approval Comment	772,102.
Economic Development Association of Eastern Montana People United for Rural Health RHI	Disapproval Comment	191,544.	Southeastern Montana RHI, Colstrip Continuation Grant 1980-1983	Approval Comment	228,153.
Southcentral Montana Regional Community Mental Health Center, Billings Services to the Older Adult	Approval Comment	127,485.	Montana Department of Health & Environmental Sciences, Preventive Health Services Bureau, Helena Statewide Influenza Immunization Program	Approval Comment	29,075.
Northcentral Montana Community Mental Health Center, Great Falls Staffing and Construction	Approval Comment	589,695.	Montana Department of Health & Environmental Sciences, Preventive Health Services Bureau, Helena Hypertension Control Program	Approval Comment	45,500.
*St. Patrick Hospital, Missoula Solar Energy System for Hot Water Demonstration Project	Approval Comment	220,000.	*Northern Cheyenne Board of Health, Lame Deer Home Health Services Project	Approval Comment	118,570.
Missoula Vocational-Technical Center, Missoula District II EMT-A Training	Approval Comment	15,487.	Montana Department of Natural Resources and Conservation, Helena School and Hospitals Grant Program, Phase I	Non-reviewable	251,481.
Montana Department of Health & Environmental Sciences, Emergency Medical Services Bureau, Helena Basic Life Support Systems Development for EMS Region 2A, North Central Montana	Approval Comment	221,593.	TOTAL		\$8,920,424.
Montana Department of Health & Environmental Sciences, Emergency Medical Services Bureau Basic Life Support Systems Development for EMS Region 1B, Southwestern Montana	Approval Comment	766,345.		Total Approval Comment	8,197,162.
Montana United Indian Association, Helena WICONI Family Planning Project	Approval Comment	106,919.		Total Non-reviewable/No Comment	531,718.
				Total Disapproval	191,544.
					\$8,920,424.

*Both A-95 and Certificate of Need

CERTIFICATE OF NEED PROJECTS
August 1978 through August 1979

Facility and Project Title	Action Taken	Amount	Facility and Project Title	Action Taken	Amount
Cooney Convalescent Home, Helena License Change from 36 sk/24 int to 60 sk/0 int	Abbreviated Approval	- 0 -	Immanuel Lutheran Home, Kalispell License Change from 139 to 140 skilled	Abbreviated Approval	- 0 -
St. Vincent Hospital, Billings New Portable Mobile Image Intensifier	Abbreviated Approval	60,000.	Central Montana Hospital, Lewistown License Change from 31 sk/39 int to 70 sk	Abbreviated Approval	- 0 -
Replace Gamma Camera	Abbreviated Approval	150,000.	Kalispell Regional Hospital, Kalispell Construction/Building Modification for Loading Dock and Service Area Approach	Abbreviated Approval	123,097
Replace Tomographic Radiologic Unit	Abbreviated Approval	125,000.	Kalispell Regional Hospital, Kalispell Replace Radiographic/Fluoroscopic X-ray	Abbreviated Approval	144,000.
Columbus Hospital, Great Falls Parking Lot Enlargement	Abbreviated Approval	91,739.	Missoula Crippled Children and Adult's Rehabilitation Center, Missoula License Home Health Aide Services	Abbreviated Approval	- 0 -
Valley Vista Manor, Lewistown Licensure Change from 70 sk/27 int to 29 sk/68 int	Abbreviated Approval	- 0 -	Mountainview Memorial Hospital, White Sulphur Springs Add Physical Therapy Services	Abbreviated Approval	1,300.
Holy Rosary Hospital, Miles City Certificate of Need Extension	Abbreviated Approval	200,000.	St. James Community Hospital, Butte Expand Cardiac Rehabilitation Program	Non-reviewable	5,000.
Mineral County Hospital, Superior Replace X-ray Equipment	Abbreviated Approval	156,476.	St. Joseph Nursing Home and Retirement Center, Polson License Change from 70 sk/42 int to 40 sk/72 int	Abbreviated Approval	- 0 -
Frances Mahon Deaconess Hospital, Glasgow Physicians Clinic	Approval	800,000.	Malta Nursing Home, Malta License Change from 32 int to 32 personal care	Abbreviated Approval	- 0 -
*Northern Cheyenne Board of Health, Lame Deer Home Health Agency Services	Approval	190,285.	Frances Mahon Deaconess Hospital, Glasgow Purchase Mobile Realtime Ultrasound Unit	Abbreviated Approval	30,000.
St. James Community Hospital, Butte Purchase Updated Ultrasound Equipment	Abbreviated Approval	68,000.	Parkview Acres Convalescent Center, Dillon License Change from 29 sk/79 int to 4 sk/104 int	Abbreviated Approval	- 0 -
Pondera Pioneer Nursing Home, Conrad License Change from 41 sk/22 int to 43 sk/20 int	Abbreviated Approval	- 0 -	Bozeman Convalescent Center, Bozeman License Change from 26 sk/77 int to 0 sk/103 int	Abbreviated Approval	- 0 -
Billings Deaconess Hospital, Billings Replace Maxicamera II	Abbreviated Approval	140,150.	Livingston Convalescent Center, Livingston License Change from 30 sk/95 int to 9 sk/116 int	Abbreviated Approval	- 0 -
Purchase A-B Mode Diagnostic Ultrasound System	Abbreviated Approval	70,400.	Stillwater Convalescent Center, Columbus Change of Ownership	Abbreviated Approval	78,000.
Northern Montana Hospital, Havre Replace X-ray Equipment	Abbreviated Approval	104,000.	Frances Mahon Deaconess Hospital, Glasgow Operate WIC Program	Non-reviewable	11,700.
Columbus Hospital, Great Falls ESRD Expansion with Home Training	Approval	84,100.	Northern Cheyenne Board of Health, Lame Deer Home Health Services	Abbreviated Approval	118,570.
Cascade County Convalescent Center, Great Falls Remodel, Renovate and Licensure Change	Abbreviated Approval	57,000.	St. Patrick Hospital, Missoula Replace Computerized Scintillation Camera	Abbreviated Approval	154,310.
Frances Mahon Deaconess Hospital, Glasgow License Change from 30 chemical to 30 medical	Abbreviated Approval	- 0 -	Barrett Memorial Hospital, Dillon Audiometer Screening Test Service	Non-reviewable	- 0 -
McCone County Hospital Association, Circle Merge Hospital with Nursing Home	Abbreviated Approval	- 0 -	Kalispell Regional Hospital, Kalispell Expansion/New Patient Wing	Approval	1,100,000.
St. Patrick Hospital, Missoula Purchase Three-Phase Generator	Abbreviated Approval	53,000.	TOTAL		\$4,757,127.
Purchase Radiographic Table/Tube	Abbreviated Approval	80,000.	Total Approved		\$4,675,427.
St. Joseph Hospital, Polson Add Social Services to Home Health Agency	Abbreviated Approval	- 0 -	Total Non-reviewable		81,700.
Missoula Community Hospital, Missoula Replace Dynacamera 4/15	Non-reviewable	65,000.			\$4,757,127.
Powell County Memorial Hospital, Deer Lodge Remodel Lab Area to Comply with Standards	Abbreviated Approval	55,000.	*Both Certificate of Need and A-95.		
Toole County Hospital, Shelby Replace X-ray Equipment	Abbreviated Approval	135,000.			
*St. Patrick Hospital, Missoula Solar Energy System for Hot Water Demonstration Project	Abbreviated Approval	220,000.			
Barrett Memorial Hospital, Dillon Replace X-ray Generator and Image Intensifier	Abbreviated Approval	86,000.			

THE FINANCIAL REPORT

Financial reports are prepared monthly and demonstrate budget pace, spending pace and excess of budget pace over spending pace.

The system is a double entry bookkeeping system with a daily ledger and a monthly ledger. A chart of accounts is utilized for each individual income and expense incurred by the MHSA.

Payroll is performed on a semi-monthly schedule with reports to Federal and State Governments, the Unemployment Insurance Division and the Workmen's Compensation Division.

Quarterly reports are submitted to the Regional Office of the Department of Health, Education, and Welfare.

Statement of Revenues and Expenditures — Federal and State Grants For the Fiscal Year August 23, 1978 through August 22, 1979 (Unaudited)

REVENUE		EXPENDITURES	
Federal grant	\$365,532	Personnel	\$194,333
State grant	52,682	Payroll taxes	16,031
		Employee benefits	20,860
		Consultants	5,292
		Supplies, printing, general	41,974
		Travel	89,318
		Rent - space & equipment	24,990
		Telephone	8,886
		Postage	6,262
		Data management	600
		Public notices	3,145
		Insurance	2,230
Total Revenue	<u>\$418,214</u>	Total Expenditures	<u>\$413,921</u>
		Excess of Revenues over Expenditures	<u>\$ 4,293</u>

Statement of Financial Position August 22, 1979 (Unaudited)

ASSETS		
Current Assets		
Checking accounts	\$26,022	
Savings accounts	<u>80,131</u>	\$106,153
Other Assets		
Furniture and equipment	11,933	
Advances to employees	<u>400</u>	12,333
Total Assets		<u>\$118,486</u>
LIABILITIES AND FUND BALANCES		
Current Liabilities		
Payroll taxes payable		1,342
Fund Balances		
General fund balance, 8-22-79	67,158	
Add: interest income	<u>3,554</u>	70,712
Employees annual and sick leave benefits fund		9,419
Furniture and equipment fund balance		11,933
Federal grant balances - prior fiscal years		4,287
Federal grant balance - current fiscal year		4,293
Unliquidated obligations - FYE 8-22-79		<u>16,500</u>
Total Liabilities and Fund Balances		<u>\$118,486</u>

THE SCORE

In paralleling our annual report with a simple musical composition there can be demonstrated that with a few basics (purposes, functions, requirements), the musical "E, F, Gs", placed on a simple five lane road map for planning guidance (the staff),



we find ourselves in about the same posture as the Health Systems Agency was three years ago, a posture of vertigo.

What can be done with those three basics?

We can move them around until someone tells us to stop, and, as the new guy on the block, we were frequently so advised on numerous occasions.

Not very interesting,



no orientation (arrangement).

You don't have to be a musician, or even musically inclined, to know the score. Just follow along and observe the development as we learned more about our functions.

THE ANNUAL REPORT

Our standards began with the foundation of the program -- our ability to organize and perform our functions

AGENCY MANAGEMENT

our ability to know and understand the health status and the health system

DATA MANAGEMENT

these functions have fed into another function, output of which is a set of recommendations for changes in the health system which should take place in order to meet identified and desired goals

PLAN DEVELOPMENT

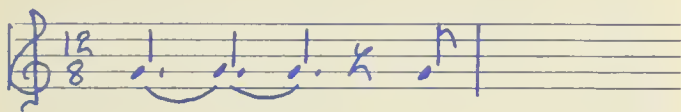
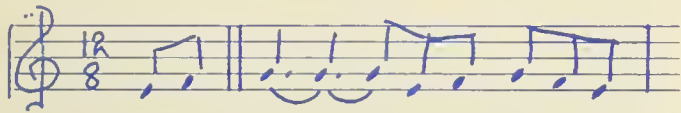
these recommended actions have provided the basis for the HSA's decisions and the decisions of others that are promoted by the HSA In other Health Systems Agency activities

PLAN IMPLEMENTATION/HEALTH SYSTEMS DEVELOPMENT PLAN IMPLEMENTATION/REGULATORY

Results of actions taken as a result of, or in concert with, the HSA are assessed in terms of this effect on health status of the population and on the health systems as described in the Plan.

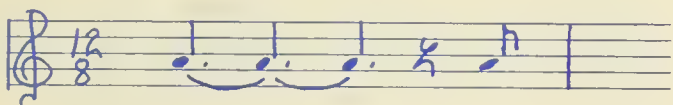
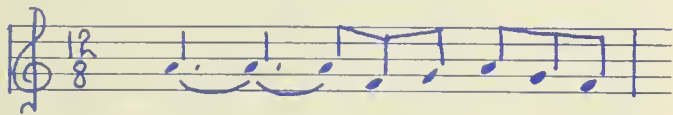
THE SCORE

As goals are gradually stated and objectives selected and defined, our score begins to assume some structure and direction. Milestones appear (bar lines) clefs give us orientation, quantifiers tell us how far to go within each milestone, the same random notes, "E F G's," begin to take on form, substance and feeling -- a pulse is being felt.



From simple basics (core data) we can sense some direction. Vertigo is disappearing. We can start planning.

Now to inject some alternatives, we simply move up the ladder, building a format as we go



Our performers begin to take note and try their hand at their responsibilities.



DATA MANAGEMENT

In order to provide a readily understandable source of information, data management and analysis for the Montana Health Systems Agency, one of our realized objectives is the inclusion of computer capabilities. The Agency has access to a mini computer. Through the judicious use of staff in provision of technical assistance the HSA is constantly improving its capabilities by applying data automation to both planning and review programs.

Programs are being written to generate several of the utilization tables currently in the Health Systems Plan and a reporting system is being developed for the tracking of review activities.

The large amount of data needed to provide a meaningful picture of both health services and health status in Montana requires extensive compilation, verification and updating of data. The time and energy saving characteristics of a computer data system make for the efficient and accurate assemblage of updated information for planning purposes. Analysis capabilities will be expanded to provide the people of Montana, including the HSA decision makers, a greater depth and breadth to alternatives for their decision making.

Automating the statistics used in the review process has provided the MHSA with the ability to more readily and accurately provide decision makers with that information necessary for informed review committee input. Also available are comparisons of programs' past performances. This capability will be a valuable indicator in the MHSA review process.

Montana HSA staff, with technical assistance from consultants, has developed a usable computer capability. Concentrating on this "in-house" capability the HSA can continue to adjust data needs into a framework which relies on computer capabilities.

THE SCORE

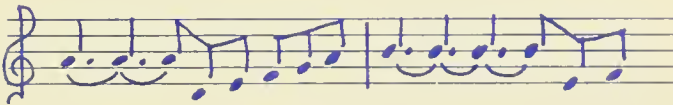
In our planning we've continued to gain in credibility and experience some freedom of foci. Our board chairman, Bryce Hughett, has served in first chair position throughout these three years and has, no doubt, suffered many anxious moments in getting the HSA ensemble in tune.



Our basics began to spawn, then mushroom --



Now our momentum was carrying us.
Our horizons were expanding



Through cooperation, we began to enjoy the sweet
sounds of harmony



PLAN DEVELOPMENT

In its third year the Governing Board of the Montana Health Systems Agency approved its second Montana Health Systems Plan (HSP) on December, 1978. The Plan has received many very favorable comments. It has served, during the third year, as a basic resource document for seventy-nine reviews. We have no count on the number of preliminary applications that were "tuned off" due to the lack of conformity with the HSP. We have no measure of the extent to which potentially approvable applications were "tuned in" to the HSP and became better and better applications during the developmental process, a period during which the applicant was better able to perceive "needs," "wants" and "gots" through an improved understanding of long range implications of the HSP.

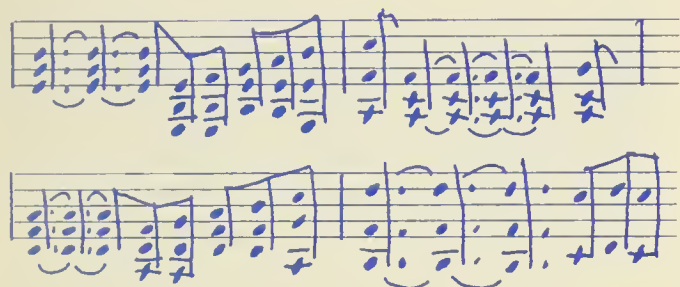
This past year, August 23, 1978 - August 22, 1979, has been a year of transition. There has been far less emphasis placed on the basic planning activities (the writing of components for the HSP), and increased emphasis on annual implementation projects (AIPs), data management and data presentation, and special studies.

With respect to the third plan scheduled for Board consideration and approval on November 2, 1979, only two components are being added:

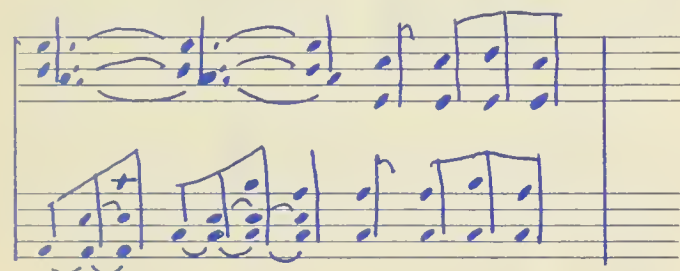
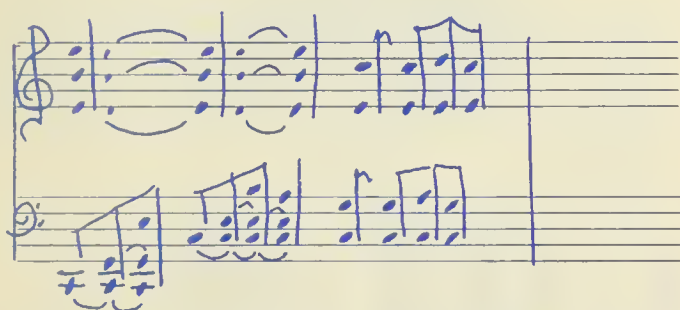
- Federal Primary Health Care Programs
- Comprehensive Rehabilitation Programs

THE SCORE

Through communications more voices were being added, more sections of the systems were chiming in



With the development of policies, guidelines, standards, criteria -- everyone was getting to know the score. The composition was becoming more meaningful, more professional, full-bodied



Emphasis now, into the fourth year, will be on revising the present plan in order to address some necessary exceptions to the National Guidelines. The latest utilization data is being inserted into the tables with corresponding adjustments of 1985 estimations and expectations.

As to the Annual Implementation Plan (AIP), two projects from each of the five subarea advisory councils were identified and adopted by the Health Systems Agency. These ten projects included:

1. the presentation of a public discussion on Nurse Practitioners,
2. the studying of the feasibility of establishing a central, coordinating agency in Eastern Montana for health education and continuing health education efforts,
3. the compilation of an inventory of health education programs in North Central Montana,
4. a concerted effort to train 10% of the residents in North Central Montana in cardio-pulmonary resuscitation,
5. the sponsoring of several health education conferences in Stanford and Ryegate,
6. the sponsoring of a dental screening and prevention program in South Central Montana,
7. the development of an education program on generic drugs.
8. the promoting of a public awareness effort to increase use of nurse practitioners in Southwestern Montana,
9. the developing of a consumer referral service for health and social support programs in the Missoula area,

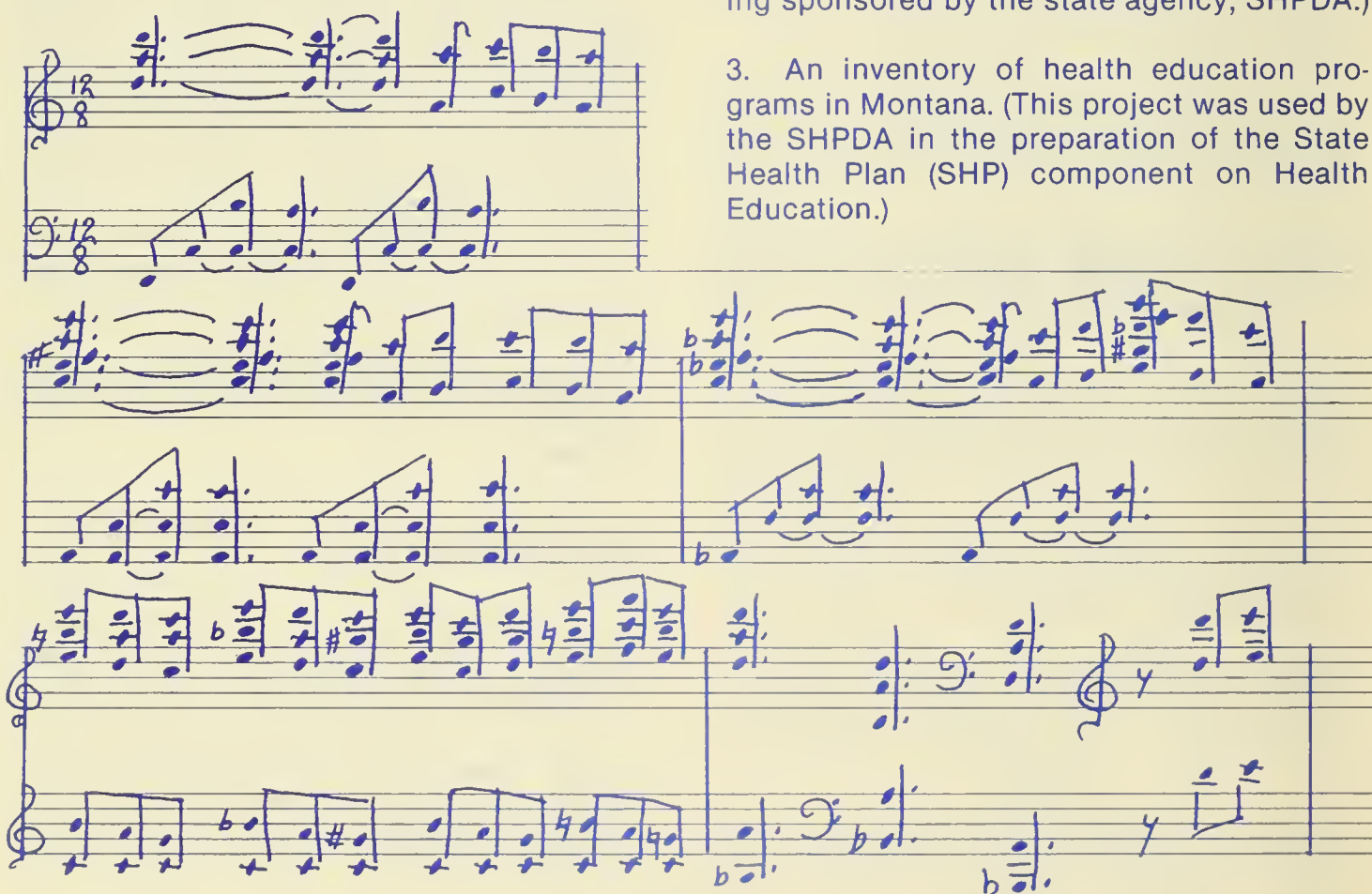
THE SCORE

Not everyone was cooperative. Some felt that the Health Systems Agency should "just go away"



Board Vice Chairman, Sharon Diezger, in her first chair position on the Plan Development Committee bore the brunt of many invectives in introducing the first Health Systems Plan and its first revisions.

But our melody lingered on, the values of good planning becoming increasingly evident, our score more flowing, more rhythmic, all health systems go --



10. the conducting of a feasibility study for the establishment of a family practice residency program centered in Missoula.

Adverting to special studies, these three small contracts were awarded to consultants:

1. A study of the economic feasibility of small communities to support a physician. (This study has been used to advise communities in the development of community projects, as in the town of Belt, and in the preparation of federal grant applications, as in Philipsburg. Results of the study were summarized in an HSP component.)

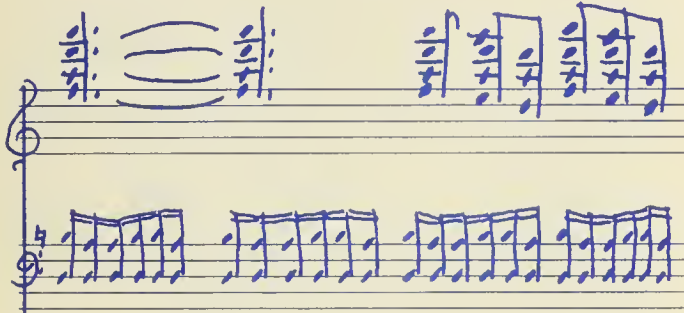
2. An inventory of alternative facilities for the aged. (This is being used as background for a \$61,000 study of alternatives to Montana's long-term care facilities and is being sponsored by the state agency, SHPDA.)

3. An inventory of health education programs in Montana. (This project was used by the SHPDA in the preparation of the State Health Plan (SHP) component on Health Education.)

THE SCORE

With our many review activities there has been, and will be, many opportunities for discord, disharmony and oftentimes, distress. The rhythmic line of the review process is usually scherzo

(rapid and hectic)



In the pulse of this process some performers get carried away



It should have been a non-substantive review



PLAN IMPLEMENTATION

In the matter of review activities concomitant with Plan Implementation, there is a new Certificate of Need (C/N) Law, effective July 1, 1979, which has raised the threshold of reviewable capital expenditures from \$50,000 to \$150,000. Any change in services, or any change in beds which relocates such beds from one physical facility or site to another (over a period of two years) by more than ten beds or ten percent of the total, licensed bed capacity, require a Certificate of Need review. A task force has been established for the purpose of drafting those rules which are necessary for the promulgation of the Certificate of Need Law. This is the same task force which developed the new Law.

The regulations for the Proposed Use of Federal Funds (PUFF) are now in hand. This gives the Montana Health Systems Agency the review and approval authority over such applications pertinent to the State of Montana.

As of the end of our third year, August 22, the regulations for Appropriateness Reviews have not been released. The HSA Appropriateness Review Committee has had education sessions on appropriateness, and sessions have been conducted for three hospital districts.

Agreements and activities related to Coordination are becoming increasingly important in all phases of plan development and implementation.

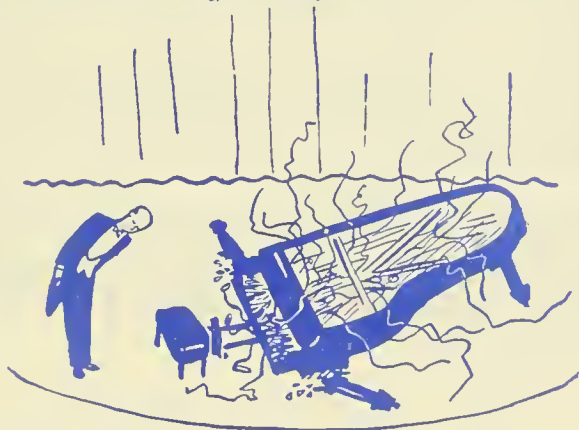
THE SCORE



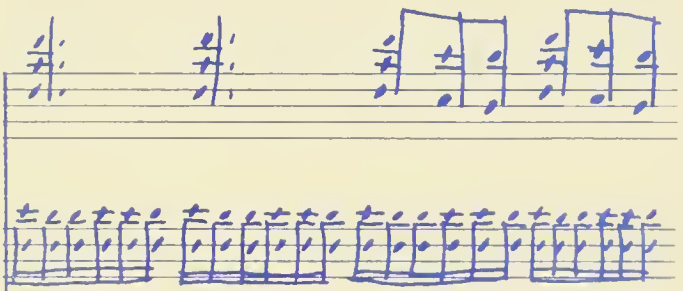
Some of the sections understand that the Health Systems Plan is a document that is basic to these reviews, that criteria and standards must be followed to accomplish a concert of actions.



Other performers in the health systems do not contribute to an orderly development.



and our score continues like a ritual fire dance.



Such agreements and coordinative efforts are with the following:

Montana Professional Standards Review Organization

Montana Hospitals Rate Review System

Montana Health Planning & Development Agency

Governor's Office of Budget & Programs Planning

Department of Social & Rehabilitation Services

HSAs contiguous to Montana

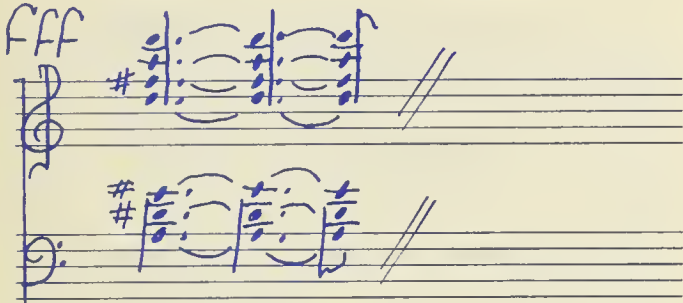
End Stage Renal Disease Network

These agencies and organizations have been very supportive of HSA review activities and have added to understanding throughout the systems.

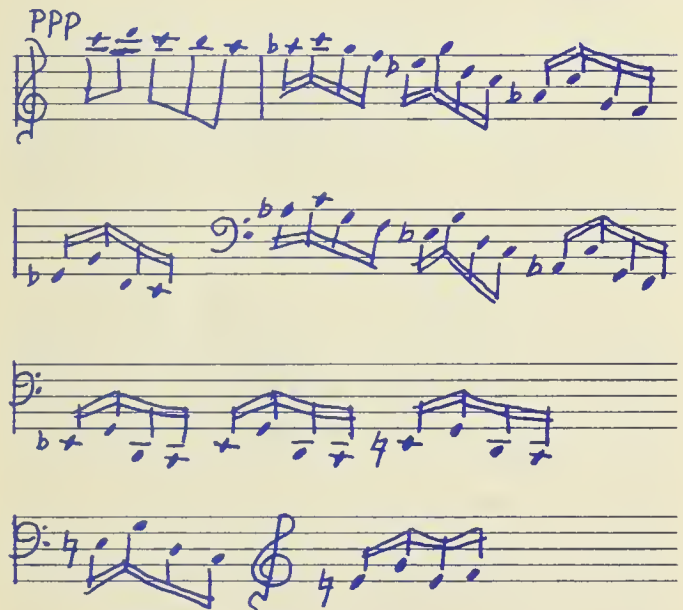
For the improvement of the quality of applications, the intent of the Health Systems Plan has been conveyed to potential applicants and reinforced through site visitations. The HSA staff works very closely with applicants requesting federal funds for health services and those applicants subject to Certificate of Need. This does not involve the actual writing of an application, but the technical expertise provided does improve the quality of the applications. These visits have resulted in improved cooperation and relationships with hospitals, nursing homes, and other health care providers, and improved understanding of the applicable review process. Site visits are conducted in consort with staff of the State Department of Health & Environmental Sciences.

THE SCORE

A climax has been reached in the third year, a year of full performance with all parts of the systems contributing, coordinating and communicating.



And now, a brief time for reflections, a settling down. After all the production, some fruit borne, it's a cadenza almost like a cascade of falling leaves.



Once down,
at once, to rise again
but gently, softly --

CRESCENDOS AND CLIMAXES OF OPUS 3

In our third year one of the highpoints in our production was the realization of full designation as the Health Systems Agency for Montana. We had passed all of the performance standards, and as of October, 1978, could carry out all of the functions prescribed in Public Law 93-641 and defined in the regulations. Now our work could continue with a renewed vigor and interest.

Another climax was the Rural Health Manpower Conference staged by the Montana HSA in Great Falls on July 6, 1979. This conference was an outgrowth of AIP projects from the Eastern and Southwestern Subarea Advisory Councils. Through extensive news media contacts, newspaper, TV and radio, and the keynoting by Senator Max Baucus, a large crowd of 250 was in attendance. Included on the well-conducted program were:

"Overview of Federal Programs in the Health Field"

Aubrey M. Hall, Deputy Division Director and Regional Program Consultant, National Health Service Corps

"Emergency Medical Services Manpower"

James C. McShane, Director, Emergency Medical Services, Colorado Department of Health

"Regionalized Medical & Health Professional Education in Montana"

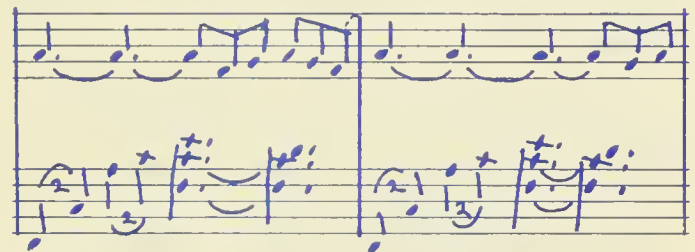
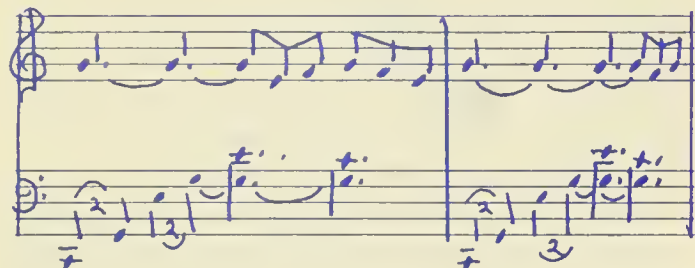
Franklin S. Newman, Director, WAMI Medical Program, Montana State University

"Applied Anthropology & Rural Health Care in Montana"

Sylvester L. Lahren, Jr., Project Director, Planning & Development of an Integrated Health Care Delivery System, Montana Planning District Six

THE SCORE

Tranquility -- we can have it, if reason prevails.
We need it for our own good health



"The Mental Health System"

Edward Kelty, Liaison, National Institute of Mental Health/Public Health Systems Agency, Rockville, Maryland

"Changing Concepts in Rural Health"

Irma T. Elo, Acting Director of Health Programs, National Rural Center, Washington, D.C.

"The Politics of Rural Health"

Montana Senator Max Baucus

"The Nurse Practitioner in Montana"

Panel Members:

Judy Gilman, Nurse Practitioner, Wolf Point
Eric Deeter, Administrator, Rural Health Initiative, Colstrip
Mark A. Johnson, M.D., Choteau
Larry Van Nostrand, Physician's Assistant, Great Falls
Zella Jacobson, R.N., Psychiatric Nurse Clinician, Great Falls

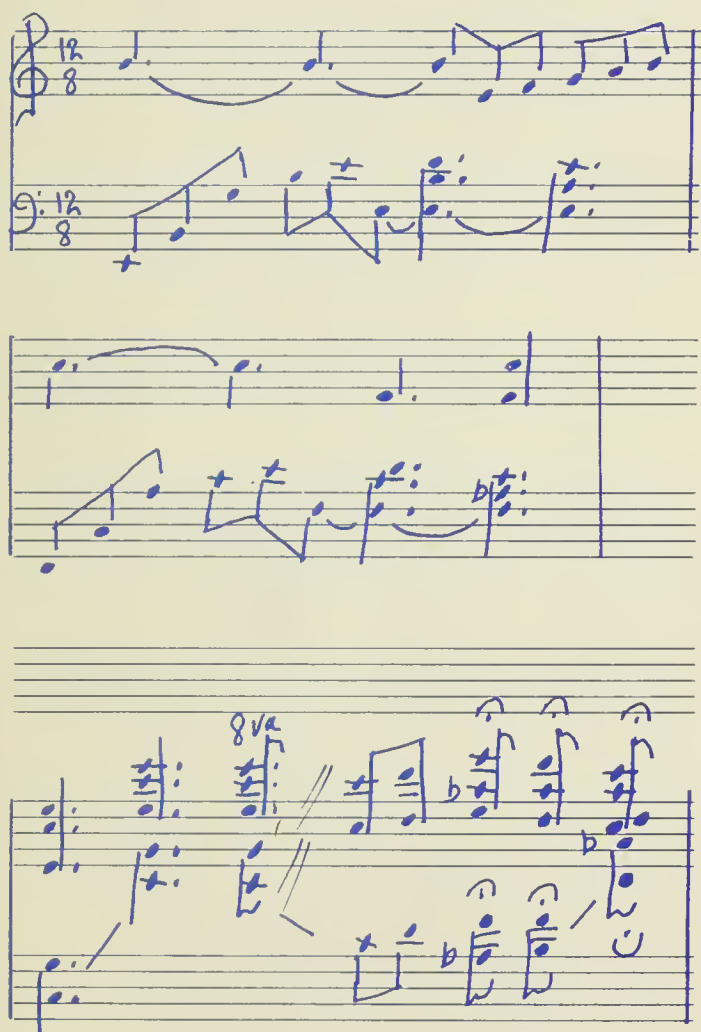
The conference was very well received and there were numerous requests for copies of the program's content. Two hundred and twenty-five copies of the transcript were distributed.

The third year also witnessed the introduction of the HSA monthly newsletter, ***MONTANA HEALTH ROUNDUP***. In its first five months it has increased its circulation 100% to 1350 due to the numerous requests from individuals and organizations. It has served as a milestone in giving a feeling of importance and unity to all those working for and with the Health Systems Agency. It has provided the readers a statewide perspective.

THE SCORE

There are other areas remaining for ongoing debate including
technology - wellness

As in this musical demonstration, themes (concepts) can be treated, tempered, and massaged in many ways, sometimes simply, other times complexly. The Montana Health Systems Agency (at times in a unique circumstance) is striving, at all times, to accomplish its arrangements, by consensus, for an improved health systems in its health service area, Montana.

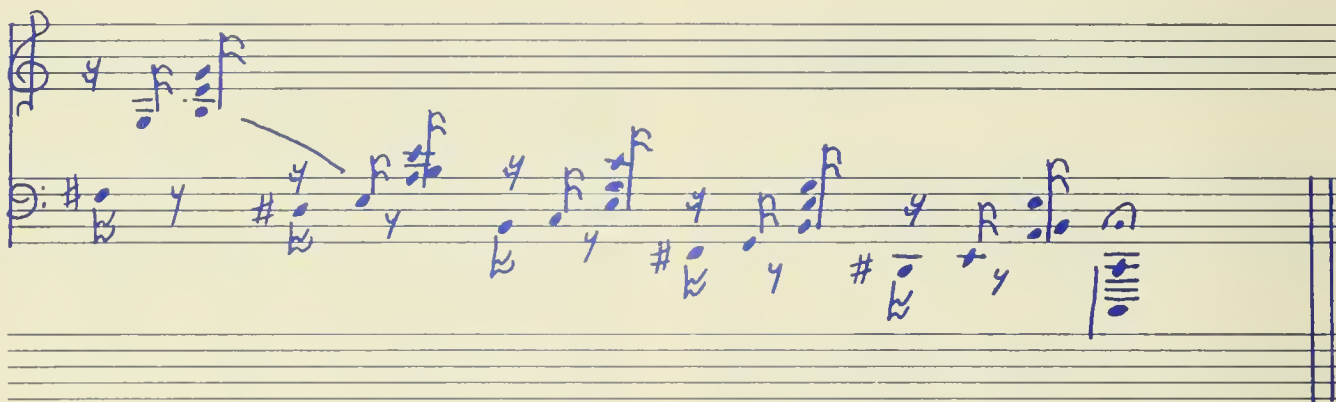
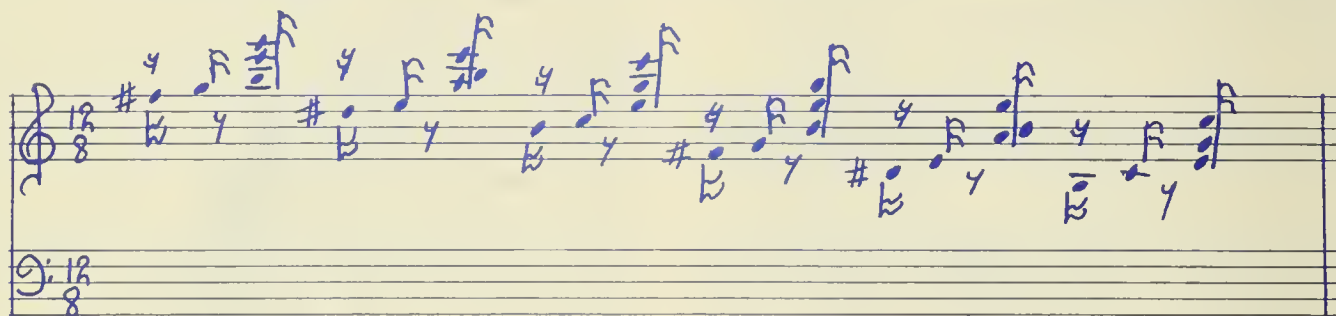


Montana Health Systems Agency is also expanding its public affairs and media relations efforts to enhance its image as an active organization working to meet the health care needs of Montana citizens. They are the public relations tools such as the statewide press kit and a list of HSA spokesmen to provide local comment and perspective in all of Montana's major media markets. The public will be well informed.

With the assignment of one staff member as liaison and support for each of the five subareas, relationships with council members and members of the public have improved. The liaison is requiring more participation and orchestration. In addition to the newsletter, all subarea council members are receiving all quarterly minutes of the HSA Governing Board and its committees. This gives everyone concerned a handle on the health situation presenting a new significance to the accountability which is emerging as the backbone of the subareas. Pervading the HSA, its Board, its committees, its councils, is better understanding of the law, its regulations, the functions, the responsibilities, and the processes. There is an increased awareness, better direction to staff for its planning and background for reviews. The summaries of the components are a "big plus." With the second generation of the Health Systems Plan firmly ensconced, there is now a full focus on implementation, particularly on the annual implementation plan. There are also some increasing conflicts demanding better clarifications, better communications and careful delineations of roles. But, then, conflicts are the hones that provide the polish in performance.

Over our third year there have been numerous meetings with representatives of Native American tribes and urban alliances. As a result of these meetings all of the tribes have been visited by staff of the Health Systems Agency with explanations of the HSA, its functions, roles, and responsibilities, and the receipt of Native American concerns about their health care needs. We have received a copy of the health plan of the urban alliances and will hear about the tribal health plans during the next HSA Governing Board meeting.

Health Systems Agencies can now feel a new sense of heightened credibility with the passage of Senate Bill 544 and H.R. 3917, the Health Planning and Resources Development Amendments of 1979. This will greatly assist the planning program in reaching maturity and beginning to fulfill the promises of Public Law 93-641.



And so with the final words of our annual report, the coda (the final notes) of our demonstration arrangement are written. We end our third year with a bit of a flourish, in recognition of the magnanimity of the 215 volunteers who gave so unstintingly of their time and efforts in carrying out the functions of the Montana Health Systems Agency.

They're not expecting any bouquets --

ONLY A ROSE




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**Ralph Gildroy
Executive Director**

